

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street) 2234 Colonial Blvd.
Attn: Margarita Suarez
 Check if different than previously reported. (ACC)
Fort Myers FL 33907

2. **FEC IDENTIFICATION NUMBER** C00385120
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2010 in the State of FL
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel E. Dosoretz, MD

Signature of Treasurer Electronically Filed by Daniel E. Dosoretz, MD Date 10 21 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36814.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	43799.00									
(c) Total Receipts (from Line 19)	4645.00	51130.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48444.00	87944.00								
7. Total Disbursements (from Line 31)	1500.00	41000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46944.00	46944.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4525.00	42865.00
(ii) Unitemized	120.00	2265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4645.00	45130.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4645.00	45130.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4645.00	51130.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4645.00	51130.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	41000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1500.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	41000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4645.00	45130.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4645.00	45130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Joanne B. Dragun

Mailing Address 13061 Biggin Church Rd. S

City State Zip Code
Jacksonville FL 32224-7687

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology of Jacksonville, Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2010
Transaction ID: 32369035
Amount of Each Receipt this Period: 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Jason McKittrick

Mailing Address 3500 Stoneybrae Drive

City State Zip Code
Falls Church VA 22044-1229

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Radiation Therapy Management, Occupation VP Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: 32431750
Amount of Each Receipt this Period: 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Kerrin Edward Gillespie

Mailing Address 19880 Chapel Trail

City State Zip Code
Estero FL 33928-1918

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc, Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 11 / 2010
Transaction ID: 32432590
Amount of Each Receipt this Period: 2500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. DAVID E. LEE

Mailing Address 9741 Mar Largo Circle

City State Zip Code
Fort Myers FL 33919-7325

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1567085124798

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mrs. GAIL CUMMINGS

Mailing Address 11574 TIMBERLINE CIRCLE

City State Zip Code
FORT MYERS FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Technical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1580094824798

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mrs. VICTORIA DANTON

Mailing Address 1409 Davis Drive

City State Zip Code
Fort Myers FL 33919-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc Occupation Director of Revenue Integrity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1580095124798

Amount of Each Receipt this Period
75.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)
MARIA J. ANNAZONE

Mailing Address 10361 Witts End

City Alva State FL Zip Code 33936

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Director Health Information Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1580877824798

Amount of Each Receipt this Period 10.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
QUINTEN Curtis BLACK, MD

Mailing Address 1404 Kenton Lane

City Asheville State NC Zip Code 28803-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer RTA of Western NC, PA Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1580879424798

Amount of Each Receipt this Period 80.00

P/R Deduction (\$80.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mark Robert Jones, MD

Mailing Address 1400 LONG RUN ROAD

City LOUISVILLE State KY Zip Code 40245-4334

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology of Kentucky (KEN) Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR1580886824798

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial) TAM NGUYEN, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 2798 Bellini Road		Transaction ID: PR1580891924798
City Henderson	State NV	Zip Code 89052-3118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

B.

Full Name (Last, First, Middle Initial) Claire Skowronski		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 1312 SW 7th TERRACE		Transaction ID: PR1580896424798
City CAPE CORAL	State FL	Zip Code 33991-2145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer 21st Century Oncology Management, Inc	Occupation Director - Radiation Therapy School	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) PAUL TREADWELL, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 9916 COZY GLEN CIRCLE		Transaction ID: PR1580898524798
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 12731 Terabella Way		Transaction ID: PR1692755724798
City Fort Myers	State FL	Zip Code 33912-0910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.00	

B.

Full Name (Last, First, Middle Initial) Dr. Dwight Fitch		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 9122 16th Ave Circle, NW		Transaction ID: PR2127270524798
City Bradenton	State FL	Zip Code 34209-8133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

C.

Full Name (Last, First, Middle Initial) Brian P Quaranta, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 100 Vista Lake Drive Apt 108		Transaction ID: PR2127272424798
City Candler	State NC	Zip Code 28715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina RT Management Services,	Occupation Medical Doctor	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gwen C Horn

Mailing Address 17557 Ingram Rd

City State Zip Code
Fort Myers FL 33967-2958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology Management, Inc Director - Health Information System

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2231092424798

Amount of Each Receipt this Period
10.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Madlyn Dornaus

Mailing Address 18930 Knoll Landing Drive

City State Zip Code
Fort Myers FL 33908-4760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology Management, Inc VP Operations

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3150.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2232241724798

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Chaundre Cross

Mailing Address 6845 Wellington Drive

City State Zip Code
Naples FL 34109-7207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
21st Century Oncology, Inc Medical Doctor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2232246224798

Amount of Each Receipt this Period
25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ►

185.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Alexis Harvey
Mailing Address 2127 Race St
City Philadelphia State NJ Zip Code 19103-1009
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00
Date of Receipt 10 / 13 / 2010
Transaction ID: PR2232248524798
Amount of Each Receipt this Period 20.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ashraf Youssef, MD
Mailing Address 11 Julia Ct
City Moorestown State NJ Zip Code 08057-2155
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 10 / 13 / 2010
Transaction ID: PR2364173524798
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Dr. Peter Greenberg
Mailing Address 77-840 Flora Rd
City Palm Desert State CA Zip Code 92211-4109
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology of California, P Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00
Date of Receipt 10 / 13 / 2010
Transaction ID: PR2366842324798
Amount of Each Receipt this Period 200.00
P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 230.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr David Horvick		Date of Receipt
	Mailing Address 953 Creek Rock Rd		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bel Air	MD	21014
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer 21st Century Onc of Harford County, Ma		Occupation Medical Doctor	Transaction ID: PR2366842524798
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
		P/R Deduction (\$50.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Marc A. Melser, MD		Date of Receipt
	Mailing Address 27090 Harbor Oaks Boulevard		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Punta Gorda	FL	33983-6507
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Marc A. Melser, MD (MMU)		Occupation Medical Doctor - Urologist	Transaction ID: PR2412064424798
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2100.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
		P/R Deduction (\$100.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4525.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Rivera For Congress

Mailing Address P.O. Box 520633

City Miami State FL Zip Code 33152

Purpose of Disbursement

Candidate Name
Mr. David Rivera

Office Sought: House
 Senate
 President

State: FL District: 25

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 32380903

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00